

Medicare



WHAT YOU NEED TO KNOW

2012

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A Message from the Iowa Insurance Commissioner

Health insurance is often confusing. Medicare Part A, Part B, Part D, Medicare supplement, and Medicare Advantage probably add to the confusion. The State of Iowa can provide helpful information to help you navigate through these issues.

If you are like everyone else, you have received mountains of information on Medicare and other health insurance options. As Iowa Insurance Commissioner, I want you to have the assistance you deserve to make the best choices.

This booklet can help you sort through important information as you work toward a decision. After you have read through it, you may want additional information and we can help.

The State of Iowa created the **Senior Health Insurance Information Program (SHIIP)**, a special program designed to help answer your questions. SHIIP has a dedicated corps of volunteer insurance counselors trained and assisted by the Insurance Division. These volunteers will work with you, one-on-one, to personally assist you in evaluating your options. They can answer your questions about Medicare and other insurance choices.

We are very pleased to offer you these free services. For assistance in finding the SHIIP volunteer nearest you, call **1-800-351-4664, (TTY 1-800-735-2942)** or check SHIIP's website: **www.TheRightCallIowa.gov**.

Susan E. Voss
Iowa Insurance Commissioner



What is Medicare?

Medicare is the federal health insurance program available to most older Americans and to many younger people with disabilities.

Medicare consists of two parts, Part A and Part B. Medicare Part A is free to most who are eligible for Medicare. All who choose to be covered by Medicare Part B must pay a premium. **The monthly premium for Medicare Part B is \$99.90 in 2012.** Individuals whose modified adjusted gross income is greater than \$85,000 (single) or \$170,000 (married couple) pay more.

Medicare Part A

Medicare Part A is hospital insurance.
Part A covers

- Inpatient hospital care
- Skilled nursing care
- Home health care
- Hospice care

Medicare Part B

Medicare Part B is medical insurance.
Part B covers

- Doctors' services
- Outpatient hospital care
- Durable medical equipment
- Home health care
- Others services such as laboratory tests, X-rays, therapy, mental health and ambulance

Medicare was originally created as a **Fee-For-Service** program. This means Medicare pays its share of costs for each covered service you receive. You are free to go to any Medicare-approved provider you choose as often as necessary. Contact your Social Security office with questions about Medicare eligibility and enrollment.

Original Medicare has significant gaps in coverage as shown in the chart on the next page. Most who have Original Medicare have additional insurance to supplement Medicare (see page 7).

2012 Original Medicare Benefit Chart

PART A - Hospital Insurance - Covered Services

	Benefit	Medicare Pays	You Pay
Hospitalization <i>Semi-private room, general nursing, misc. services</i>	First 60 days	All but \$1,156	\$1,156
	61st to 90th day	All but \$289 per day	\$289 per day
	91st to 150th day	All but \$578 per day	\$578 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing Facility Care <i>After hospital stay</i>	First 20 days	100% if approved	Nothing
	21st to 100th day	All but \$144.50 per day	\$144.50 per day
	Beyond 100 days	Nothing	All charges
Home Health Care <i>Medically necessary skilled-care, therapy</i>	Part-time care	100% if approved	Nothing
Hospice Care <i>For the terminally ill</i>	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first three pints	First three pints

PART B - Medical Insurance - Covered Services

	Benefit	Medicare Pays	You Pay
Medical Expense <i>Physician services & medical supplies</i>	Medical services in and out of the hospital	80% if approved (after deductible*)	20% if approved (after deductible*) plus excess charges
Clinical Laboratory	Diagnostic tests	100% if approved	Nothing if approved
Home Health Care <i>Medically necessary skilled-care, therapy</i>	Part-time care	100% if approved	Nothing if approved
Durable Medical Equipment (DME)	Prescribed by doctor for use in your home	80% if approved (after deductible*)	20% if approved (after deductible*) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	A fee schedule amount (after deductible*)	Coinsurance or fixed copayment amount, which varies according to the service (after deductible*)
Blood	Blood	All but first three pints	First three pints

*A single, yearly \$140 deductible covers all Part B services.

Medicare-Approved Prescription Drug Coverage

Medicare offers a prescription drug benefit. You might also hear this called Medicare Part D. Everyone on Medicare is eligible for this coverage. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. You choose the drug plan and pay a monthly premium. If you do not enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later.

When can I join a Medicare prescription drug plan?

New Medicare enrollees who become eligible for Medicare Part A or Part B will have an opportunity to enroll in a Medicare prescription drug plan when they enroll in Medicare. You will enroll directly with the plan.

If you miss your Initial Enrollment Period, you will not be able to enroll in a plan until the Annual Coordinated Election Period—October 15 to December 7 each year. During this period you can join a prescription drug plan or you can switch to a different plan for the next year.

If you delay enrollment, you could pay more!

If you don't join a plan when you are first eligible for Medicare, and you don't have an existing drug plan that is equal to or better than Medicare coverage, you will have to pay a higher premium if you join later. You will pay the plan premium plus 1% of the

national average premium for every month you waited to get a Medicare prescription drug plan. You will pay this higher premium as long as you are enrolled in a Part D plan.

How is Medicare drug coverage offered?

Medicare contracts with private companies to offer prescription drug plans. To receive benefits you will select one of these plans. There are two types of plans to choose from.

- 1.** You can choose to receive your medical benefits from the traditional Medicare program and receive prescription drug coverage through a Medicare drug plan.
- OR**
- 2.** You can join a Medicare Advantage Plan with drug coverage. Medicare Advantage Plans provide another way to receive your Medicare benefits including drug coverage. Medicare Advantage plans can be a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point of Service Option (POS), a Private-Fee-for-Service plan (PFFS), or a Special Needs Plans (SNP).

There are over 60 options in 2012 to choose from in Iowa. How much you pay, what drugs are covered, and which pharmacy you use will vary depending on the plan you choose.

What if I can't afford a prescription drug plan?

You may qualify for extra help with your prescriptions if your income is below 150% of poverty (\$16,755 if you are single and \$22,695 if you are married based on 2012 poverty figures) and your resources are below \$13,070 for a single person and \$26,120 for married couples.

If you think you qualify for help paying the costs of Medicare's prescription drug coverage, contact your local Social Security office. Enrollment can be done by mail, telephone or online.

After applying for the extra help you will need to select a Medicare drug plan. SHIP counselors are available to help you complete the application for the extra help and compare Medicare drug plans.

What if I have an employer or Union plan that supplements Medicare and has drug coverage?

Each year you will get a notice from your employer telling you if your plan's prescription benefit is as good as, or better than a Medicare prescription drug plan.

- If your employer drug plan **is as good as or has better coverage than Medicare** drug coverage, you can delay enrollment in a Medicare prescription drug plan without paying more.

- If your prescription drug plan **offers less coverage than Medicare drug coverage**, you can keep your plan and add a Medicare drug plan to give you more complete coverage, **OR** if you stay on your current drug plan and decide to join a Medicare prescription drug plan later, your Medicare drug plan premium will be higher.

What if I am enrolled in Medicare Advantage Plan?

You will receive a notice from the plan on an annual basis explaining if the plan will include Medicare drug coverage and your options.

What if I have military retiree or veteran's prescription drug benefits?

Individuals enrolled in TRICARE-for-Life and/or receiving veteran's prescription benefits do not need to enroll in a Medicare plan. Both of these programs are considered to be comparable to Medicare's drug coverage.

How do I get more information about the plans?

You can compare the benefits of each of the Medicare plans at www.medicare.gov, call 1-800-MEDICARE or Iowa SHIP at 1-800-351-4664. SHIP can help you understand Medicare drug coverage and compare your choices.

My Health *My Medicare*

Medicare Preventive Benefits (Part B)

Medicare Part B pays for preventive care to help you stay healthy. Call SHIP to request your copy of the **Medicare Preventive Benefit** fact sheet that explains these benefits:

- Welcome to Medicare Physical
- Yearly Wellness Visit
- Cardiovascular Screening Blood Tests
- Diabetes Screening Tests
- Glaucoma Screening
- Bone Mass Measurement
- Screening Mammography (includes digital technologies)
- Screening Pap Test and Pelvic Examination
- Colorectal Cancer Screening
- Prostate Cancer Screening Tests
- Diabetes Monitoring and Education
- Medical Nutritional Therapy
- Flu Vaccination and Pneumococcal Pneumonia Vaccination
- Smoking Cessation
- Alcohol Misuse Counseling
- Behavioral Therapy for Cardiovascular Disease
- Depression Screening
- Obesity Screening and Counseling

MyMedicare.gov is an exciting new web tool that allows you to access your personal Medicare information. You can:

- Track your health care claims
- Get copies of your Medicare Summary Notices
- Check your Part B deductible status
- View your eligibility information
- Track the preventive services you can use
- Find your Medicare health or prescription plan, or search for a new one
- Keep your Medicare information in one convenient place

Medicare will automatically mail you instructions and a password for MyMedicare.gov when you enroll in Medicare.



What about Medicare Supplement Insurance?

What Is It?

Medicare supplement insurance is also called “Medigap” or “Medsup.” It is designed to “fill in” the gaps of Original Fee-for-Service Medicare. It is not sold or serviced by the government.

Open Enrollment Period

If you are 65 or older and enrolled in Medicare Part B for the first time, you can take advantage of a **six-month open enrollment period**. During this time a company can't turn you down because of health problems, and they must accept you for any policy they sell. You will pay the lowest price for those in your age group.

If you had Medicare due to **disability** before age 65, you will still get an open enrollment period at age 65.

Pre-Existing Conditions

If you have not had insurance coverage before going on Medicare, you may have to wait up to six months before pre-existing medical conditions are covered.

During open enrollment you may avoid a waiting period if you've been covered under a health benefit plan before buying your Medicare supplement policy. You must **apply** for your supplement within **63 days** of the end of previous coverage.

Selecting a Plan

Beginning June 1, 2010 insurance companies can sell only **ten standard Medicare supplement plans**. **The ten plans are identified by the letters A, B, C, D, F, G, K, L, M and N.** A company does not have to sell all plans. A high deductible plan F may also be offered. Companies must include in these plans the benefits shown on page 8. Each of the plans provide good coverage, but the best plan for you will depend on **your individual needs**. SHIIP has the *Iowa Guide To Medicare Supplement Insurance* that discusses the benefits of all ten plans.

The *Iowa Medicare Supplement Premium Comparison Guide* available from SHIIP can help you compare companies. The guide compares premiums and other features to help you make this decision.

SHIIP Can Help

SHIIP counselors can help you compare your options. To request publications or the number of the counselor nearest you, call **1-800-351-4664** or check SHIIP's website:
www.TheRightCallIowa.gov.

Ten Standard Plans

PLAN	A	B	C	D	F*	G	K	L	M	N
BASIC BENEFITS										
Part A Coinsurance	X	X	X	X	X	X	X	X	X	X
Part A Hospice Coinsurance	X	X	X	X	X	X	50%	75%	X	X
Part B Coinsurance	X	X	X	X	X	X	50% **	75% **	X	X ****
Parts A & B Blood	X	X	X	X	X	X	50%	75%	X	X
ADDITIONAL BENEFITS										
Skilled Nursing Facility			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess					X	X				
Foreign Travel Emergency			X	X	X	X			X	X
Out-of-pocket annual limit							\$4,660 ***	\$2,330 ***		

X = Supplement pays 100% 50% and 75% = the amount the supplement pays

*Plan F has an option called high deductible F.

**Plans K and L pay 100% of the Part B coinsurance for preventive services.

***Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

****Exceptions: You pay up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room copay will be waived if you are admitted to the hospital.

Basic Benefits Plans A, B, C, D, F, G, M and N

Hospitalization: Pays Part A coinsurance for days 61-150; 365 extra days after Medicare benefits end.

Medical Expenses: Pays 100% Part B coinsurance or copayments. Exception Plan N: see footnote on page 8.

Blood: Pays for first three pints of blood.

Basic Benefits Plans K-L

K

100% of Part A hospitalization coinsurance for days 61-150; 365 additional days after Medicare benefits end

50% of Medicare eligible expenses for the first three pints of blood

50% Part B coinsurance, except 100% coinsurance for Part B preventive services

L

100% of Part A hospitalization coinsurance for days 61-150; 365 additional days after Medicare benefits end

75% of Medicare eligible expenses for the first three pints of blood

75% Part B coinsurance, except 100% coinsurance for Part B preventive services

Additional Benefits Plans B, C, D, F, G, M and N

Skilled Nursing Facility Care: Pays \$144.50 coinsurance for days 21-100

Part A Deductible: Pays \$1,156 per benefit period, Plan M pays 50%

Part B Deductible: Pays \$140 per calendar year

Part B Excess: Pays 100% of excess charged

Foreign Travel Emergency: \$250 deductible, then pays 100% to a lifetime maximum of \$50,000

Additional Benefits Plans K-L

K

Skilled Nursing Facility Care: Pays 50% of \$144.50 coinsurance for days 21-100

Part A Deductible: Pays 50% of \$1,156

Out-of-pocket annual limit*

Once you reach the annual limit, \$4,660, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Annual limit does not include excess charges.

L

Skilled Nursing Facility Care: Pays 75% of \$144.50 coinsurance for days 21-100

Part A Deductible: Pays 75% of \$1,156

Out-of-pocket annual limit*

Once you reach the annual limit, \$2,330, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Annual limit does not include excess charges.

*The out-of-pocket limit will increase annually.



Employer Insurance and the Medicare Beneficiary

Whether you are retired or continue to work, at age 65 Medicare comes into the picture. Important decisions are made at this time. It's important to ask all the necessary questions and get answers from a reliable source. Which questions you need to ask depends on several factors:

- Are you married?
- How old is your spouse?
- Will you (or your spouse) continue to work?
- How many employees does the employer have?

1. Retiring with Spouse Under 65

RETIREMENT BENEFITS:

Your employer may continue health coverage for you and your spouse when you retire.

If you are retired from a public employer in Iowa, such as a public school, or city, county or state government, you must be allowed to continue the employer group health coverage until age 65. A nonpublic employer may or may not choose to offer continued coverage. At a minimum the coverage for your spouse will end when you the retired employee reach age 65.

COBRA

If a retirement health plan isn't available, your spouse may be able to continue the group health insurance under the COBRA law. Federal COBRA law applies to employers with 20 or more employees.

When you become eligible for Medicare, a younger spouse may continue employer coverage under COBRA for up to 36 months. Call SHIP at 1-800-351-4664 and request a COBRA brochure.

2. Age 65 or older & You or Your Spouse Continue to Work

- If the employer has 20 or more employees, you and your spouse must be allowed to continue any health insurance coverage you had before age 65. The employer plan will be the first payer on claims.
- If you are already receiving Social Security benefits you will be automatically enrolled in Part A and Part B of Medicare with an opportunity to delay Part B.
- You can delay Part B if you or your spouse is actively employed AND you are covered by a group health plan through the employer of the actively employed person. It is important to understand that even though you may be eligible to delay Medicare enrollment, check with your employer to be sure they will continue to pay first (primary) if you don't take Medicare. When the person carrying the employer insurance is no longer working, or employer coverage is dropped during active employment, you will need to sign up for Part B. At that time you won't have to pay a higher premium, even though you are past age 65. You will also have the right to a Medicare supplement open enrollment at that point.

...Avoiding Costly Mistakes

- If you are **not** getting Social Security or Railroad retirement benefits yet, for instance because you are still working, you will not get Part A and Part B automatically at age 65.
- Enrollment in Part A or B triggers your eligibility for Medicare Prescription Drug Coverage *See page 4 for more information.*

Always contact Social Security to verify your ability to delay Part B enrollment.

Waiting until retirement to enroll in Part B protects your right to get a Medicare supplement policy during the open enrollment period.

If you or your spouse is enrolled in Medicare before retiring, employer group health coverage can be continued under COBRA when you retire. Medicare will pay first when you are retired even if you have continued COBRA coverage.

Under COBRA you will pay the full premium for the employer plan, and it will supplement your Medicare. It is necessary to enroll in Medicare Part B when you retire, or you may pay a higher Part B premium if you enroll later.

3. Age 65 or Older, Retired & No Working Spouse

When you retire and your spouse is not working, **Medicare will pay first.** You should enroll in Medicare Part B. If you don't enroll at this time, you may pay a

higher Part B premium later and coverage will be delayed.

Your employer may provide continued coverage under a group insurance plan. The employer health benefit plan will supplement Medicare. These plans often provide better coverage than insurance you buy on your own.

Carefully compare benefits and cost before replacing a retiree benefit with a Medicare supplement. If you drop a retiree group plan, you may not be able to return to it. Each year the employer can increase the plan deductibles and premiums and can cut back on benefits. The plan can even be ended at any time.

If your employer ends or reduces your retiree health benefits, you are **guaranteed the right** to buy a Medicare supplement. You can buy a Plan A, B, C, F, K or L from any company selling those plans. You have **63 days** from the date the employer changes or ends benefits to apply for this guaranteed coverage.

The new insurance company cannot turn you down or charge you a higher premium for health reasons. The plan you buy must cover existing health conditions when coverage starts.

Military retirees and Medal of Honor winners may be eligible for TRICARE for Life. Dependents, surviving spouses and former spouses also may be eligible. This would serve as a supplement to Medicare. Information on TRICARE for Life can be found at www.tricare4u.com.



Medicare Advantage

When you have Medicare Part A and Part B

There are different ways that a Medicare beneficiary can receive Medicare benefits. You may choose Original Medicare, or you may choose to enroll in a Medicare Advantage plan. In both options, **you are in the Medicare program, and you continue to pay the Medicare Part B premium.**

Under Medicare Advantage, Medicare contracts with private organizations to handle your Medicare Part A and Part B benefits. Each year a Medicare Advantage contract may be renewed, changed or terminated.

You are eligible to enroll in a Medicare Advantage plan if you

1. *Are enrolled in both Medicare Part A and Part B and*
2. *Reside in the plan's area and*
3. *Don't have permanent kidney failure*

Iowans have the following choices:

1. **Medicare HMO** – You must obtain services from the plan's network of doctors, hospitals, and providers. You must live in the HMO's service area to enroll in the plan.
2. **Medicare Point of Service Option (POS)** – This is an HMO option that lets you use doctors and hospitals outside the plan for an additional cost.

3. **Medicare Preferred Provider Organization (PPO)** – You can choose to obtain services from the plan's network providers or from Medicare providers outside the network. Your costs will be greater outside of the network.
4. **Medicare Private-Fee-for-Service (PFFS) plans** – You are allowed to go to any Medicare provider in the United States. Before receiving services, check to see if the provider accepts your PFFS plan.
5. **Medicare Cost Plan** – Your out-of-pocket costs are less if you use providers in the plan's network.
6. **Special Needs Plan** – A special type of Medicare Advantage plan that provides more focused and specialized health care for specialized health care for specific groups of people, such as those who have both Medicare and Medicaid.

Call SHIP to find out what Medicare Advantage plans are available in your county and to request your copy of the *Iowa Guide to Medicare Advantage Plans*.

Important:

Before you enroll in a Medicare Advantage Plan check to see if your doctors, hospitals and other providers accept the plan.



Medicare Assistance

Are you eligible for Medicare Savings Programs?

Medicare Savings Programs help pay Medicare premiums and costs for some health care. This leaves more income to use for other living expenses. The programs are for "Qualified Medicare Beneficiaries" (QMB), or "Specified Low-income Medicare Beneficiaries" (SLMB).

Qualified Medicare Beneficiary:

If you qualify, **QMB will pay:**

- Medicare's \$1,156 hospital deductible
- Daily coinsurance charges for extended hospital and skilled nursing stays
- The annual \$140 Part B deductible
- The Part B coinsurance or copayment
- The \$99.90 Medicare Part B premium

You may choose to discontinue a Medicare supplement policy and no longer pay this additional premium if you qualify for QMB.

You will be responsible for items and services not covered by Medicare such as routine physicals, dental care, hearing aids and eyeglasses. You must use doctors who are Medicaid as well as Medicare doctors.

Specified Low-income Medicare Beneficiary:

If you qualify, SLMB will pay the \$99.90 monthly Medicare Part B premium. You will have to pay the Medicare deductibles, coinsurance and charges for health care services and items not covered by Medicare. Check the chart below to see if you might qualify for assistance.

Income and Resources		
Effective April 1, 2012		
	Resource Limit	Your Monthly Income
QMB	For 1: \$6,940 For 2: \$10,410	For 1: \$ 951 For 2: \$1,281
SLMB	For 1: \$6,940 For 2: \$10,410	For 1: \$1,277 For 2: \$1,723

When in Doubt, Inquire!

To find out if you are eligible for these or other Medicaid programs, check with the Iowa Department of Human Services (DHS). To locate your county DHS office check your local telephone directory or the DHS website: www.dhs.state.ia.us.



Shopping Wisely

Take your time...

Compare your choices.

You may be evaluating an employer retirement plan, choosing between different Medicare supplement plans or considering a Medicare Advantage option. Don't make a decision until you have compared and understand your choices.

SHIIP has free fact sheets and consumer guides that explain your choices. Companies selling Medicare supplement insurance must give you an "Outline of Coverage" that summarizes the policies. Medicare Advantage plans must give you a Summary of Benefits.

Read all information carefully. Ask a friend or relative to be present when an agent explains a plan. You can also make an appointment with a SHIIP counselor to help you review the information you have.

Use premium dollars wisely.

Limited types of health insurance such as accident, cancer or hospital indemnity policies pay benefits in special and limited circumstances. You don't need these when you have Medicare because Medicare pays when you have an illness or injury and when you are in the hospital.

Deal with a local, reliable agent.

Don't buy from a person who can't show you proof of being licensed in the State of Iowa. A business card is not a license. Ask to see the agent's license.

Do NOT pay in cash.

Pay by check, money order or bank draft payable to the insurance company, not the agent. Completely fill in the check before giving it to the agent.

Complete the application carefully.

Don't sign it until all health information is recorded completely and accurately.

Review your policy carefully.

After receiving a Medicare supplement policy, you have a 30-day "free-look" period to review it. If you aren't satisfied, you can cancel and get a refund of premium paid.

What is SHIIP?



**SHIIP... families, friends and
neighbors helping one another.**



The Senior Health Insurance Information Program was created in 1990. We provide one-on-one assistance to Iowans with questions and problems related to Medicare and health insurance. Our service is free, objective and confidential.

With just a small paid staff in our Des Moines office, community-based volunteers make it possible for SHIIP to reach thousands of Iowans each year. Local sponsors provide a unique link to Iowa communities. SHIIP is funded by a federal grant and the State of Iowa Insurance Division.

Do you need help?

SHIIP resources available to help you make important Medicare decisions.

- *Iowa Guide to Medicare Supplement Insurance*
- *Iowa Medicare Supplement Premium Comparison Guide*
- *Iowa Guide to Medicare Advantage Plans*
- *Getting Ready to Retire*
- *COBRA*
- *Medicare Prescription Drug Coverage*

SHIIP's trained volunteers work hard to answer questions and solve problems related to:

- Understanding Medicare benefits including Medicare Prescription Drug Coverage
- Organizing and explaining medical bills and Medicare and insurance statements
- Comparing and evaluating Medicare supplement policies
- Providing information on long-term care insurance policies
- Understanding Medicare Advantage
- Evaluating employer retiree plans and other types of health insurance
- Informing clients of various assistance programs, such as prescription drugs and Medicaid

Become a SHIIP "fan" on Facebook...

...and get updates from us on Medicare and other health insurance topics. Find us on Facebook at "Senior Health Insurance Information Program (SHIIP)".

Contact SHIIP today!

1-800-351-4664 ● (TTY 1-800-735-2942) ● www.TheRightCallIowa.gov

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Medicare

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reliable, objective information.



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